

The positive psychology of relational depth and its association with unconditional positive self-regard and authenticity

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Abstract

Recent years has seen research attention into the therapeutic value of Relational Depth (RD). RD refers to moments in a therapeutic relationship in which a person has feelings of aliveness, satisfaction and immersion. However, no research has yet tested for the association between RD and concepts closely aligned with Carl Rogers' hypothesis of how people change in a growth promoting relationship. In this study, 55 therapy clients completed the Relational Depth Inventory (RDI), the Unconditional Positive Self-Regard Scale (UPSR) and the Authenticity Scale (AS). It was found that higher scores on the RDI were associated with higher scores on the UPSR and the AS. These results provide initial evidence for the growth promoting effects of RD. Further prospective research is now warranted.

Keywords: Person-Centred, Fully Functioning Person, UPSR, Authenticity, Relational Depth

Introduction

According to McCabe and Priebe (2004), the level of therapeutic relationship between the therapist and patient is the curative factor in those with severe mental health difficulties. However, while the importance of the therapeutic relationship has long been recognized in the mainstream psychotherapy and mental health literature, its definition and operational measurement has only recently come under empirical investigation (Priebe, Richardson, Cooney, Adedeji, & McCabe, 2011; Welch, 2005). Much of the empirical literature has concerned the question of whether the therapeutic relationship is related to therapeutic outcomes as conceptualised from the medical model, such as depression, anxiety, and psychosis (Priebe et al., 2011).

The therapeutic relationship has, however, always been central to person-centred theory and therapy, but following the interest in the mainstream psychiatric literature into the topic, Mearns and Cooper (2005) introduced a new person-centred conceptualization of the therapeutic relationship which they termed 'Relational Depth' (RD). RD refers to moments that occur in person-centred therapy in which participants feel deeply connected, immersed, and alive. From the more traditional person-centred literature, RD can be conceptualised as those moments of experience that are increasingly likely to occur in therapy characterised by Rogers (1957a) six necessary and sufficient conditions.

According to Rogers' (1957) statement, it is the therapeutic relationship that is growth promoting. For Rogers, the hypothetical outcome of therapy was, however, more than a reduction in distress and what would be assessed using traditional psychiatric outcome measures. For Rogers, the effects of therapy were seen from within a potentiality model rather than a medical model. In a growth promoting relationship people become more fully functioning (Rogers, 1963). By fully functioning, Rogers (1963) was referring to, for example, how clients become more congruent and self-accepting. Seen this way, Rogers

focus on potentiality can be seen as a forerunner to the contemporary positive psychology movement (Joseph, 2015). The more that Rogers (1957) necessary and sufficient conditions are present, the more such positive psychological growth is expected.

Since Mearns and Cooper (2005) introduced the notion of RD some scholarship has investigated these moments of relationship, mostly employing qualitative methods to understand its nature and experience (Knox and Cooper, 2011). For example, Cooper (2005) initiated research on RD by interviewing therapists about specific times in which they felt they had experienced relational depth. Results indicated that therapists experienced moments of RD with their clients and that there were many commonalities amongst therapists' descriptions that are consistent with the positive psychological potential of RD.

Such commonalities included heightened feelings of empathy, acceptance and receptivity towards clients; powerful feelings of immersion in therapeutic work; being real; increased perceptual clarity; and greater levels of awareness, aliveness, openness and satisfaction. Therapists also reported that during such moments of relational depth they experienced their clients as highly transparent; articulating core concerns and issues; and reciprocating the therapists' acknowledgement of them in a flowing bidirectional encounter. Cooper (2005) proposes that such experiences and descriptions of RD can be categorised into a tripartite system consisting of self-experiences, perceptions of client and experiencing the relationship. This research showed the characteristics of RD between therapist and client. However, it only does so from the counsellor's perspective.

To shed more light on clients' experiences of specific moments of RD, Knox (2008) focused on clients' experiences of the moment; then later Knox and Cooper (2010), with a completely different sample, focused on the relationship qualities associated with moments of RD. In both of these studies a phenomenological approach was used where clients were interviewed using semi-structured interviews. In the former study, 14 therapist-clients (clients

who were also therapists or trainee therapists) were interviewed and in the latter 14 'bona-fide' clients (non-therapist client who were not trainee therapists) were interviewed. In both studies clients reported that they identified one or more experiences of a moment of RD with at least one therapist. The experience of the moment itself was described as in another dimension, with a sense of spirituality, healing and empowerment.

Also, addressing the need for research into clients' experiences of RD, McMillan and McLeod (2006) focused on clients' experiences of RD within the therapeutic relationship as a whole (as opposed to specific times, experiences or specific moments) by interviewing 10 therapists who drew on their experiences from having been a client. They then analysed interview data using a system of open coding as well as consultation with colleagues to enable a consensus of opinion concerning the categorisation of descriptions. Their results concluded that 'letting go' was an important aspect of a deeply therapeutic relationship and consequently this emerged as a core category in their analysis. With regard to the term 'letting go', McMillan and McLeod (2006) here state that they found significant evidence that in a deeply therapeutic relationship the decision to let go can almost be like a 'leap of faith'. 'Experiencing a deeply therapeutic relationship' and 'Experiencing an inadequate therapeutic relationship' were key subcategories. In the former, they found that clients' experiences of a therapeutic relationship were concerned with 'being ready to engage with the therapist', and in the latter they found that clients experiencing wanting 'to get out of the relationship' also reported feelings of anger toward the therapist. The categorisation of their data is very different to Cooper's (2005) categorisation of therapists' descriptions suggesting that clients' experiences of RD are different from therapists'. It could also suggest that the enduring quality of RD is experienced quite differently to specific moments or times of RD.

The concept of RD has now become part of the theoretical architecture of person-centred theory and therapy. It is the moment as a unique connection within a therapeutic

relationship that two individuals are authentic and understanding each other (Mearns & Cooper, 2018). According to Wiggins et al. (2011), the experience of RD is probably or clearly present in 34% of significant events in therapy as identified by clients.

While such qualitative research as described above shows that RD is experienced as valuable by clients and therapists and points to the positive psychological potential of RD, there is as yet no quantitative research into the positive psychology of RD. Theoretically driven research is now needed to test for the statistical association between RD and other variables. There is no research to date which addresses the question of whether RD leads to changes towards becoming fully functioning person, as hypothesised in Rogers' (1957) person-centred theory. Specifically, the therapeutic relationship as defined in person-centred therapy by Rogers (1957) would be predicted to lead to positive psychological changes in the client (Joseph, 2015).

As such, the aim of this research was to test whether the experience of relational depth was related to two key variables indicative of fully functioning behaviour, namely unconditional positive self-regard and authenticity. It was hypothesised that those who were in therapy for longer periods of time would be more likely to develop stronger therapeutic relationships with their therapist, and thus experience RD, and that experiences of RD would be associated with greater unconditional positive self-regard and authenticity in clients.

Method

Participants and procedure

Data were collected from 55 individuals aged over 16 years who reported having been clients in psychotherapy or counselling. All participants were volunteers and were recruited by the invitation of online survey through various internet routes such as Facebook, Twitter and online forum posted on the psychotherapy and counselling centres pages, psychotherapist's

groups and also universities forums particularly to Korean and British clients. There were 23 British (41%), 20 Koreans (36%) and 12 others (21%).

The study was conducted for the dissertation component of the first author's MA in person-centred counselling under the supervision of the second and third authors. Respondents participated in the research via an electronic survey system with a two month period. Ethical approval was obtained from the University of Nottingham, School of Education Research Ethics Committee. Participants provided the consent form via an electronic sheet on which they had to indicate agreement before proceeding. They were informed that their responses were anonymous and that they had the right to withdraw at any time during the survey. In an attempt to try to minimise assumptions on the part of participants about the purpose of the study, and thus social desirability bias, participants were simply informed that the purpose was to investigate: 'The client's experience of psychotherapy or counselling'.

The study was a cross-sectional survey and therefore data was collected at one time point only. At this time, participants were asked if they to indicate, if they knew, what type of therapy they had experienced (by ticking a check list of 'don't know' 'person-centred therapy', 'psychoanalysis or psychodynamic therapy', 'cognitive behaviour therapy', 'Gestalt or other humanistic therapy approaches'), and how long they had been in therapy for (by ticking a five-point checklist: 'less than three months' = 1; '3- 6 months' = 2; '6 months to a year' = 3; '1 – 3 years' = 4; and 'more than three years' = 5).

Following this, participants were asked to complete three different psychometric self-report measures to assess their experience of relational depth as clients in therapy, and their own UPSR and authenticity, in that order.

Measures

Three self-report measures were completed by participants:

Relational Depth Inventory: The 29-item Relational Depth Inventory (RDI: Wiggins, 2011; Wiggins, Elliott, & Cooper, 2012) was used to measure the experiences of relational depth. Each of the 29 items (e.g., ‘I felt my therapist respected me’) is rated on a 5-point Likert scale (1 = not at all, 2 = slightly, 3 = somewhat, 4 = very much, 5 = completely). Scores on the RDI therefore have a possible range of 29 to 145, with higher scores indicating greater feelings of relational moments.

Unconditional Positive Self Regard Scale: The 12-item Unconditional Positive Self Regard Scale (UPSR: Patterson & Joseph, 2006; 2013) was used to assess unconditionality of self-regard. Each of the 12 items (e.g., ‘How I feel toward myself is not dependent on how others feel toward me’) is rated on a 5-point Likert scale (1: Strongly agree, 2: agree, 3: neutral, 4: disagree, 5: strongly disagree). Scores on the UPSR therefore have a possible range of 12 to 60, with higher scores indicating greater unconditional positive self-regard.

Authenticity scale: The 12-item Authenticity Scale (AS: Wood, et al., 2008) was used to measure authenticity. Each of the 12 items (e.g., ‘I always stand by what I believe in’) is rated on a 7-point Likert scale (1 = Does not describe me at all to 7 = Describes me very well). The AS can be used to produce three subscale scores of self-alienation, accepting external influence, and authentic living, but for the current study we used only the total score (i.e., the eight negatively worded items are reverse scored and then all 12 items are summed to produce the total score). Scores on the total AS therefore have a possible range of 12 to 84, with higher scores indicating greater personal authenticity.

Results

Data were collected from 55 individuals aged over 16 years who were in psychotherapy or counselling (19 respondents answered they don’t know what type of counselling they were receiving - 35%; 21 were in person-centred therapy - 38%; 6 in psychoanalysis or

psychodynamic therapy - 11%; 5 clients in cognitive behaviour therapy - 9%; 4 in Gestalt or other humanistic therapy approaches - 7%).

Of those who responded to the question about length of time in therapy, 11 had been in therapy for less than 3 months - 20%; 16 were in for between 3- 6 months – 29%; 13 between 6 months and a year - 24%; 11 between 1 and 3 years – 20%; and 3 for more than 3 years – 6%; 1 did not say – 2%).

Each of the measures was found to have acceptable internal consistency reliability (Cronbach's alpha = .96, .92, and .83, for the RDI, UPSR, and AS, respectively). Correlation analysis was used to investigate the association between length of time in therapy, RDI, UPSR, and AS using SPSS Version 23 (see Table 1). As predicted, it was found that those who had been in therapy longer scored higher on the RDI, and higher scores on the RDI were associated with higher scores on UPSR and on the AS.

-Insert Table 1 about here-

We also conducted partial correlations to test for the differential relations of the UPSR and AS variables to the RDI. It was found that with AS partialled out, the association between the RDI and UPSR was no longer statistically significant ($r = .03$, ns), but with UPSR partialled out, the association between the RDI and AS remained statistically significant ($r = .37$, $p < .01$).

Discussion

We found that greater client experience of RD in therapy was associated with higher scores on unconditional positive self-regard and authenticity. These variables were chosen specifically to test for the positive psychological potential of RD. Our results are consistent with predictions derived from Rogers (1957) theory on the growth promoting effects of the therapeutic relationship. This is the first study to show the statistical association between RD and unconditional positive self-regard and authenticity.

Our partial correlation results also suggested the possibility that authenticity mediates the association between relational depth and unconditional positive self-regard. The main limitation of the current study is its correlational design, hence its inability to provide evidence for causality and mediation. An initial correlational pilot study such as this is helpful in demonstrating evidence for an association before embarking on more expensive and sophisticated prospective research. Our results now suggest such research is now warranted. Further prospective research is needed to test whether RD leads to higher unconditional positive self-regard and authenticity in clients. It is likely that there are bidirectional relationships between these variables and that greater client unconditional positive self-regard and authenticity also leads to greater RD, but only using more sophisticated statistical designs can we show these effects over time in such a way as to provide evidence for the therapeutic value of RD.

Although a relatively small sample we found that it was sufficient for us to detect the moderately strong associations between RD and both unconditional positive self-regard and authenticity. Ours was a mixed sample in terms of type of therapy that was received but this did not affect our hypothesis that regardless of the type of therapy, greater relational depth would be associated with unconditional positive self-regard and authenticity.

Rogers (1957) statement about the quality of the relationship was an integrative statement that applied to all therapies. The fact that participants attended different therapies is not relevant to the hypotheses and does not need to be taken into account in our correlational analysis. We simply wanted to obtain a wide range of individual differences in the experience of RD. It may be that there are differences in RD across types of therapy but that was not the focus of our study and our relatively small and unrepresentative sample would not permit meaningful statistical generalisations to be made from these data. However, further research might specifically wish to investigate this further with representative samples

from each grouping. Further research would benefit from a larger sample insofar as it would allow for analyses to test whether levels of relational depth were associated with the type of therapy received.

Our sample was also mixed in terms of it being composed of Korean and British participants. Again, this did not affect our hypothesis as we have no reason to think that the prediction does not hold in both countries, but it would also be interesting to be able to evidence that this is the case. As such, we would encourage further research to develop on our preliminary work with larger samples in order to confirm these findings across different therapeutic contexts and samples.

In conclusion, our research is the first such study to test for statistical association between RD and unconditional positive self-regard and authenticity, which are two variables specifically chosen to reflect Rogers (1957) hypothesis about the effects of a growthful relationship. Our results are supportive of the prediction that greater RD is associated with higher scores on these positive psychological variables. As a cross-sectional study we are not, however, able to provide evidence for the causal effect of RD and further prospective research is now needed.

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Table 1. Pearson correlation coefficients between time in therapy, RDI, UPSR, and AS.

	Mean	SD	RDI	UPSR	AS
Time in therapy	2.61	1.19	.54***	.24*	.38**
RDI	91.53	23.36		.40**	.53**
UPSR	43.94	7.89			.72***
AS	46.67	12.01			

NB. * $p < .05$, ** $p < .01$, *** $p < .001$ (1 tailed tests). RDI = Relational Depth Inventory. UPSR = Unconditional Positive Self-Regard Scale. AS = Authenticity Scale.